

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not write this space.

1. PLACE OF DEATH

(a) County St. Louis  
(b) Township Jefferson  
(c) City Richmond, Heights  
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 1170  
Primary Registration District No. 6248-H.  
(d) Street No. St. Marys Hospital.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 205

2. PRINT FULL NAME Margaret M. Scarry.

(a) Residence, No. 5731 Dewey Ave. St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 9 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Michael Scarry.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

15. MAIDEN NAME Bridget Comer.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) May Scarry.  
5731 Dewey Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 20-37.

19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly Undt  
3840 Lindell Blvd. Co.

20. FILED Sept. 18 1937 Saw A. Bassett, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937

22. I HEREBY CERTIFY, that I attended deceased from June 22, 1937 to Sept 16, 1937  
Last saw him alive on Sept 16, 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Corny disease  
adrenal state, Syphilis  
Chronic pneumonia  
Chronic myocarditis  
Other contributory causes of importance:  
Chronic shorted systole  
Arteriosclerosis

Name of operation None Date of None  
What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Arthur J. Donnelly, M. D.  
(Address) 3840 Lindell Blvd.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**